

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000055313

1. Corporation Name

C & G INSTALLERS, INC.

FILED
01 MAR -8 AM 11:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

~~1620 OLD DAYTONA ROAD~~
DELAND FL 32724

~~1620 OLD DAYTONA ROAD~~
DELAND FL 32724



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1280 Biscayne Blv.

1280 Biscayne Blv.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 4

Unit 4

Deland FL

Deland, FL

Zip 32724

Country Volusia

Zip 32724

Country Volusia

4. Date Incorporated or Qualified To Do Business in Florida

06/17/1999

5. FEI Number

59-3584505

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HEADLEY, DELLA M	1620 OLD DAYTONA ROAD 1280 Biscayne Blv.	DELAND FL 32724
			100003851671 -1321908.00 -0128-014 ****908.00 ****908.00

REINSTATEMENT 2000-01
[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEADLEY, DELLA M
~~1620 OLD DAYTONA ROAD~~
DELAND FL 32724

Name: Headley, Della M
Street Address (P.O. Box Number is Not Acceptable): 1280 Biscayne Blv.
Suite, Apt. #, Etc.: Unit 4
City: Deland
State: FL
Zip Code: 32724

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature: Della M Headley]

SIGNATURE REQUIRED

Date 10/19/00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature: Della M Headley] Della M. Headley 10/19/00 904-740-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EMG (8/00)